



CONGRESSMAN ADRIAN SMITH Third District of Nebraska Constituent Service Form

NAME _____ DATE OF BIRTH _____
ADDRESS _____ SOCIAL SECURITY # _____
CITY, STATE, ZIP _____ VETERANS CLAIM # _____
PHONE: Home _____ CIVIL SERVICE # _____
Office _____ INS A# and/or CASE RECEIPT # _____
OTHER _____

Please state your request for assistance:

Please list any other federal agency or elected official you have contacted for assistance in this matter:

Disclosure Authorization

The Privacy Act of 1974 prohibits the government and private entities under contract to administer government programs from revealing information from the personal files of individuals without the express permission of the person involved. Disclosure of personal records to a Representative of Congress who is acting on behalf of a constituent is prohibited unless the individual to whom the record pertains has consented

I, the undersigned, hereby authorize U.S. Representative Adrian Smith and his staff to receive information in my file pertinent to this inquiry on my behalf.

Signature _____

Print Name _____ Date _____

Please return this form to:

Congressman Adrian Smith
1811 West 2nd St., Suite 105
Grand Island, NE 68803
Phone: 308-384-3900

Fax: 308-384-3902